



AISH BENEFITS ADMINISTRATION INSTRUCTION FORM




 **Client Name:** _____

Address: _____


Phone: _____ **Social Insurance Number:** _____

 **Do you wish to receive direct deposits** Yes No

If yes, please select one of the following 

-  I have attached a blank cheque
-  I have attached a direct deposit slip from the bank
-  I request that my AISH worker attach a copy of my AISH direct deposit form

One Time Expenses:

 In order to request funds for a one time expense, you only need to complete the top section, this section and the "Primary Contact Person" section below.

Name of Payee	Address	Purpose	Amount	Schedule
_____	_____	_____	_____	one time payment

AISH Monthly Benefit Amount  \$ _____

 **Monthly Expenses:**

Name of Payee	 Address	 Purpose	 Amount	 Payment Schedule
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1. _____	_____	_____	_____	_____
 Account # _____	_____			
2. _____	_____	_____	_____	_____
Account # _____	_____			
3. _____	_____	_____	_____	_____
Account # _____	_____			
4. _____	_____	_____	_____	_____
Account # _____	_____			
5. _____	_____	_____	_____	_____
Account # _____	_____			
6. _____	_____	_____	_____	_____
Account # _____	_____			
7. _____	_____	_____	_____	_____
Account # _____	_____			

Total Monthly Expenses  \$ _____

Primary Contact Person:

Name: _____ Phone: _____ Fax: _____

Address: _____ E-Mail Address: _____

Signature _____ Date _____

Client's Signature _____ Date _____

Monthly expenses may include such things as:

- rent
- board and room
- food
- utilities
- telephone
- recreation
- program costs
- personal allowance
- savings
- transportation / bus pass
- clothing

Example of payment schedule would be

- monthly
- bi-monthly
- bi-weekly
- weekly (Calculate monthly total by multiplying by 52 weeks a year and then dividing by 12)